



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF THE TREASURY

Division of Unclaimed Property
P.O. Box 2478
Richmond, VA 23218-2478
Telephone: 804-225-2393 or toll free 1-800-468-1088
WWW.TRS.VIRGINIA.GOV

For office use only

Approved	User	Date
1st Level		
2nd Level		
3rd Level		

Rev. 6/2009

UNCLAIMED PROPERTY HOLDER CLAIM FORM
FOR HOLDER USE ONLY

Purpose: To reimburse Holder for property delivered to the State Treasurer, and subsequently returned to the rightful owner, or to refund an account that has been reported in error, pursuant to the Virginia Unclaimed Property Act.

A. Contact person _____ Phone number _____
e-mail address _____

B. Holder's Name _____ Holder's Address _____
Holder Federal I.D. No. _____

C. Account Information About Reported Owner(s): Co-owner:

Last Name First Middle Last Name First Middle

Number and Street City State Zip

D. Property Type/Description:

Date Reported to State _____ Media Used: Diskette/CD ☐ FTP Upload ☐
Total Amount of Report _____ Hardcopy/Paper ☐ Page number _____
Amount requested _____ Property Reported: ☐ Individually ☐ in Aggregate

E. **ATTACH COPY OF CANCELLED CHECK OR RECEIPT SHOWING PAYMENT TO ORIGINAL OWNER OR SUBMIT PROOF OF REACTIVATION OF ACCOUNT or EXPLAIN WHY YOU CONSIDER THIS ACCOUNT TO HAVE BEEN REPORTED IN ERROR.**

F. The holder hereby agrees to release and hold harmless the State and the Treasurer, its officers and employees, from any loss resulting from the payment of this claim. The below named individuals swear and affirm that they are representatives of the Claimant (holder) in the foregoing claim and that the statements in said claim are true to the best of their knowledge.

Must be signed by **two principal** officers or one officer and an authorized employee.

Typed name (Title) Signature Date

Typed name (Title) Signature Date

Please Note: In order to be valid, your original signature must appear on this document. Copies or faxed reproductions of signatures are not acceptable.

**Unclaimed Property Holder Claim Form
Filing Instruction**

THE HOLDER CLAIM FORM MUST BE FULLY COMPLETED BEFORE ANY CLAIM MAY BE PAID.

Section A: Provide the name of a contact person and telephone number in case there are any questions about the claim.

Section B: Provide the name and address of the holder as it appeared on the most recent report. The Federal I.D. number must also be provided.

Section C: Provide information about the REPORTED OWNER and CO-OWNER if applicable. On these two lines, indicate the name and address in which the account was originally reported.

Section D: Identify the property type being claimed (i.e. savings, checking, unpaid wages, unpaid dividends, deposit refund, etc.) and information concerning the report and remittance.

Section E: Provide a copy of the check issued in payment to the owner (or proof that the owner's account was reactivated by your organization) with this completed claim form. If the account was reported in error, please explain the error in one or two sentences.

Section F: Sign the Affidavit according to the instructions.

Note: If requesting reimbursement for an account reported in the aggregate, a complete list of the aggregate account detail must be submitted if you did not provide this information with the original report